

<i>SERFF Tracking Number:</i>	<i>CMBD-125665622</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Combined Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>39089</i>
<i>Company Tracking Number:</i>	<i>MEDICARE SUPPLEMENT 2007 REFUND CALCULATION REPORT</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>Senior Medicare Supplement 2007 Refund Calculation Report</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement 2007 Refund Calculation Report/Medicare Supplement 2007 Refund Calculation Report</i>		

Filing at a Glance

Company: Combined Insurance Company of America

Product Name: Senior Medicare Supplement SERFF Tr Num: CMBD-125665622 State: ArkansasLH

2007 Refund Calculation Report

TOI: MS06 Medicare Supplement - Other

SERFF Status: Closed

State Tr Num: 39089

Sub-TOI: MS06.000 Medicare Supplement - Other

Co Tr Num: MEDICARE

State Status: Filed-Closed

SUPPLEMENT 2007 REFUND
CALCULATION REPORT

Filing Type: Form

Co Status:

Reviewer(s): Stephanie Fowler

Author: Sue Thill

Disposition Date: 06/02/2008

Date Submitted: 05/27/2008

Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement 2007 Refund Calculation Report Status of Filing in Domicile: Pending

Project Number: Medicare Supplement 2007 Refund Calculation Report Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/02/2008

State Status Changed: 06/02/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Medicare Supplement 2007 Refund Calculation Report

Company and Contact

Filing Contact Information

SERFF Tracking Number: CMBD-125665622 *State:* Arkansas
Filing Company: Combined Insurance Company of America *State Tracking Number:* 39089
Company Tracking Number: MEDICARE SUPPLEMENT 2007 REFUND CALCULATION REPORT
TOI: MS06 Medicare Supplement - Other *Sub-TOI:* MS06.000 Medicare Supplement - Other
Product Name: Senior Medicare Supplement 2007 Refund Calculation Report
Project Name/Number: Medicare Supplement 2007 Refund Calculation Report/Medicare Supplement 2007 Refund Calculation Report

Sue Thill, Policy Analyst Sue_Thill@aon.com
1000 Milwaukee Avenue (847) 953-1536 [Phone]
Glenview, IL 60025 (847) 953-1557[FAX]

Filing Company Information

Combined Insurance Company of America	CoCode: 62146	State of Domicile: Illinois
1000 Milwaukee Avenue	Group Code: 317	Company Type:
Glenview, IL 60025	Group Name:	State ID Number:
(847) 953-1531 ext. [Phone]	FEIN Number: 36-2136262	

SERFF Tracking Number: CMBD-125665622 State: Arkansas
Filing Company: Combined Insurance Company of America State Tracking Number: 39089
Company Tracking Number: MEDICARE SUPPLEMENT 2007 REFUND CALCULATION REPORT
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Senior Medicare Supplement 2007 Refund Calculation Report
Project Name/Number: Medicare Supplement 2007 Refund Calculation Report/Medicare Supplement 2007 Refund Calculation Report

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Combined Insurance Company of America	\$0.00	05/27/2008	

SERFF Tracking Number: CMBD-125665622 *State:* Arkansas
Filing Company: Combined Insurance Company of America *State Tracking Number:* 39089
Company Tracking Number: MEDICARE SUPPLEMENT 2007 REFUND CALCULATION REPORT
TOI: MS06 Medicare Supplement - Other *Sub-TOI:* MS06.000 Medicare Supplement - Other
Product Name: Senior Medicare Supplement 2007 Refund Calculation Report
Project Name/Number: Medicare Supplement 2007 Refund Calculation Report/Medicare Supplement 2007 Refund Calculation Report

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	06/02/2008	06/02/2008

SERFF Tracking Number: CMBD-125665622 *State:* Arkansas
Filing Company: Combined Insurance Company of America *State Tracking Number:* 39089
Company Tracking Number: MEDICARE SUPPLEMENT 2007 REFUND CALCULATION REPORT
TOI: MS06 Medicare Supplement - Other *Sub-TOI:* MS06.000 Medicare Supplement - Other
Product Name: Senior Medicare Supplement 2007 Refund Calculation Report
Project Name/Number: Medicare Supplement 2007 Refund Calculation Report/Medicare Supplement 2007 Refund Calculation Report

Disposition

Disposition Date: 06/02/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CMBD-125665622 State: Arkansas

Filing Company: Combined Insurance Company of America State Tracking Number: 39089

Company Tracking Number: MEDICARE SUPPLEMENT 2007 REFUND CALCULATION REPORT

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: Senior Medicare Supplement 2007 Refund Calculation Report

Project Name/Number: Medicare Supplement 2007 Refund Calculation Report/Medicare Supplement 2007 Refund Calculation Report

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Medicare Supplement 2007 Refund Calculation Report		No

<i>SERFF Tracking Number:</i>	<i>CMBD-125665622</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Combined Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>39089</i>
<i>Company Tracking Number:</i>	<i>MEDICARE SUPPLEMENT 2007 REFUND CALCULATION REPORT</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>Senior Medicare Supplement 2007 Refund Calculation Report</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement 2007 Refund Calculation Report/Medicare Supplement 2007 Refund Calculation Report</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CMBD-125665622 State: Arkansas
Filing Company: Combined Insurance Company of America State Tracking Number: 39089
Company Tracking Number: MEDICARE SUPPLEMENT 2007 REFUND CALCULATION REPORT
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Senior Medicare Supplement 2007 Refund Calculation Report
Project Name/Number: Medicare Supplement 2007 Refund Calculation Report/Medicare Supplement 2007 Refund Calculation Report

Supporting Document Schedules

Review Status:

Bypassed -Name: Certification/Notice 05/27/2008
Bypass Reason: N/A
Comments:

Review Status:

Bypassed -Name: Application 05/27/2008
Bypass Reason: N/A
Comments:

Review Status:

Bypassed -Name: Health - Actuarial Justification 05/27/2008
Bypass Reason: N/A
Comments:

Review Status:

Bypassed -Name: Outline of Coverage 05/27/2008
Bypass Reason: N/A
Comments:

Review Status:

Satisfied -Name: Medicare Supplement 2007 Refund Calculation Report 05/27/2008
Comments:
Attachment:
2007 AR Med Supp Refund Filing.pdf



May 23, 2008

The Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

**RE: COMBINED INSURANCE COMPANY OF AMERICA
2007 Medicare Supplement Insurance Refund Reporting Forms**

Dear Commissioner Bowman:

As required under OBRA90, enclosed are the following Medicare Supplement Insurance Refund Reporting Forms for calendar year 2007:

- 1) Reporting Form for Calculation of Benchmark Ratio Since Inception for Individual Policies; and
- 2) Medicare Supplement Refund Calculation Form.

One refund calculation form is enclosed for each individual standardized plan. In addition, one form is enclosed for all pre-standardized forms pooled together.

Since cumulative experience through 2007 (adjusted for credibility) exceeds the NAIC Benchmark Loss Ratio, refunds are not required in Arkansas.

Further inquiries may be directed to my attention at (847) 953-8061.

Sincerely,

A handwritten signature in blue ink, appearing to read "John Rogers", is written over a light blue rectangular background.

John Rogers, ASA, MAAA
Actuarial Analyst

John Rogers, ASA, MAAA – Actuarial Analyst
(847) 953-8061 Fax # (847) 953-8177 E-Mail: John.Rogers@combined.com

1000 N. Milwaukee Avenue • Glenview, Illinois 60025 • www.combinedinsurance.com
The ACE Group of Companies

REPORTING FORM FOR THE CALCULATION OF BENCHMARK
RATIO SINCE INCEPTION FOR INDIVIDUAL POLICIES
FOR CALENDAR YEAR 2007

TYPE: Individual SMSBP (p): Plan A
FOR THE STATE OF: Arkansas
Company Name: Combined Insurance Company of America
NAIC Group Code: 317 NAIC Company Code: 62146
Address: 1000 Milwaukee Avenue, Glenview, Illinois 60025
Person Completing This Exhibit: John Rogers
Title: Actuarial Analyst Telephone Number: (847) 953-8061

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(o)
	Earned			Cumulative				Cumulative		Policy Year
Year	Premium	Factor	(b) x (c)	Loss Ratio	(d) x (e)	Factor	(b) x (g)	Loss Ratio	(h) x (i)	Loss Ratio
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.40
2	(58)	4.175	(242)	0.493	(120)	0.000	0	0.000	0	0.55
3	9,300	4.175	38,826	0.493	19,141	1.194	11,104	0.659	7,317	0.65
4	323	4.175	1,347	0.493	664	2.245	724	0.669	484	0.67
5	(40)	4.175	(167)	0.493	(82)	3.170	(127)	0.678	(86)	0.69
6	226	4.175	945	0.493	466	3.998	905	0.686	621	0.71
7	122	4.175	510	0.493	252	4.754	581	0.695	404	0.73
8	5,870	4.175	24,508	0.493	12,082	5.445	31,963	0.702	22,438	0.75
9	60	4.175	248	0.493	123	6.075	362	0.708	256	0.76
10	1,117	4.175	4,663	0.493	2,299	6.650	7,427	0.713	5,296	0.76
11	775	4.175	3,234	0.493	1,594	7.176	5,558	0.717	3,985	0.76
12	824	4.175	3,441	0.493	1,696	7.655	6,309	0.720	4,543	0.77
13	1,051	4.175	4,389	0.493	2,164	8.093	8,507	0.723	6,150	0.77
14	969	4.175	4,046	0.493	1,995	8.493	8,231	0.725	5,967	0.77
15	656	4.175	2,738	0.493	1,350	8.684	5,696	0.725	4,129	0.77
Total	21,194		(k): 88,486		(l): 43,624		(m): 87,240		(n): 61,505	

Benchmark Ratio Since Inception: $(l+n)/(k+m)$: 59.8%

(a): Year 1 is the current calendar year - 1
Year 2 is the current calendar year - 2 (etc.)
(Example: If the current year is 1991, then:
Year 1 is 1990; Year 2 is 1989, etc.)

(o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only.

REPORTING FORM FOR THE CALCULATION OF BENCHMARK
RATIO SINCE INCEPTION FOR INDIVIDUAL POLICIES
FOR CALENDAR YEAR 2007

TYPE: Individual SMSBP (p): Plan B
FOR THE STATE OF: Arkansas
Company Name: Combined Insurance Company of America
NAIC Group Code: 317 NAIC Company Code: 62146
Address: 1000 Milwaukee Avenue, Glenview, Illinois 60025
Person Completing This Exhibit: John Rogers
Title: Actuarial Analyst Telephone Number: (847) 953-8061

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(o)
	Earned			Cumulative				Cumulative		Policy Year
Year	Premium	Factor	(b) x (c)	Loss Ratio	(d) x (e)	Factor	(b) x (g)	Loss Ratio	(h) x (i)	Loss Ratio
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.40
2	0	4.175	0	0.493	0	0.000	0	0.000	0	0.55
3	1,755	4.175	7,329	0.493	3,613	1.194	2,096	0.659	1,381	0.65
4	0	4.175	0	0.493	0	2.245	0	0.669	0	0.67
5	0	4.175	0	0.493	0	3.170	0	0.678	0	0.69
6	0	4.175	0	0.493	0	3.998	0	0.686	0	0.71
7	0	4.175	0	0.493	0	4.754	0	0.695	0	0.73
8	0	4.175	0	0.493	0	5.445	0	0.702	0	0.75
9	0	4.175	0	0.493	0	6.075	0	0.708	0	0.76
10	0	4.175	0	0.493	0	6.650	0	0.713	0	0.76
11	0	4.175	0	0.493	0	7.176	0	0.717	0	0.76
12	0	4.175	0	0.493	0	7.655	0	0.720	0	0.77
13	0	4.175	0	0.493	0	8.093	0	0.723	0	0.77
14	0	4.175	0	0.493	0	8.493	0	0.725	0	0.77
15	0	4.175	0	0.493	0	8.684	0	0.725	0	0.77
Total	1,755		(k): 7,329		(l): 3,613		(m): 2,096		(n): 1,381	

Benchmark Ratio Since Inception: $(l+n)/(k+m)$: 53.0%

(a): Year 1 is the current calendar year - 1
Year 2 is the current calendar year - 2 (etc.)
(Example: If the current year is 1991, then:
Year 1 is 1990; Year 2 is 1989, etc.)

(o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only.

TYPE: Individual SMSBP (p): Plan C
 FOR THE STATE OF: Arkansas
 Company Name: Combined Insurance Company of America
 NAIC Group Code: 317 NAIC Company Code: 62146
 Address: 1000 Milwaukee Avenue, Glenview, Illinois 60025
 Person Completing This Exhibit: John Rogers
 Title: Actuarial Analyst Telephone Number: (847) 953-8061

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(o)
	Earned			Cumulative				Cumulative		Policy Year
Year	Premium	Factor	(b) x (c)	Loss Ratio	(d) x (e)	Factor	(b) x (g)	Loss Ratio	(h) x (i)	Loss Ratio
1	0	2.770	0	0.442	0	0.000	0	0.000	0	0.40
2	20,465	4.175	85,441	0.493	42,123	0.000	0	0.000	0	0.55
3	38,055	4.175	158,880	0.493	78,328	1.194	45,438	0.659	29,943	0.65
4	12,739	4.175	53,186	0.493	26,221	2.245	28,600	0.669	19,133	0.67
5	58,592	4.175	244,621	0.493	120,598	3.170	185,736	0.678	125,929	0.69
6	31,805	4.175	132,786	0.493	65,463	3.998	127,156	0.686	87,229	0.71
7	16,064	4.175	67,068	0.493	33,065	4.754	76,369	0.695	53,077	0.73
8	117,919	4.175	492,310	0.493	242,709	5.445	642,066	0.702	450,731	0.75
9	11,927	4.175	49,797	0.493	24,550	6.075	72,459	0.708	51,301	0.76
10	53,175	4.175	222,004	0.493	109,448	6.650	353,611	0.713	252,125	0.76
11	77,063	4.175	321,738	0.493	158,617	7.176	553,005	0.717	396,504	0.76
12	64,860	4.175	270,790	0.493	133,500	7.655	496,503	0.720	357,482	0.77
13	53,916	4.175	225,100	0.493	110,974	8.093	436,344	0.723	315,476	0.77
14	25,618	4.175	106,955	0.493	52,729	8.493	217,574	0.725	157,741	0.77
15	11,989	4.175	50,055	0.493	24,677	8.684	104,115	0.725	75,483	0.77
Total	594,187		(k): 2,480,732		(l): 1,223,001		(m): 3,338,976		(n): 2,372,156	

Benchmark Ratio Since Inception: $(l+n)/(k+m)$: 61.8%

(a): Year 1 is the current calendar year - 1
Year 2 is the current calendar year - 2 (etc.)
(Example: If the current year is 1991, then:
Year 1 is 1990; Year 2 is 1989, etc.)

(o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only.

TYPE: Individual SMSBP (p): Plan D
 FOR THE STATE OF: Arkansas
 Company Name: Combined Insurance Company of America
 NAIC Group Code: 317 NAIC Company Code: 62146
 Address: 1000 Milwaukee Avenue, Glenview, Illinois 60025
 Person Completing This Exhibit: John Rogers
 Title: Actuarial Analyst Telephone Number: (847) 953-8061

Benchmark Ratio Since Inception: $(l+n)/(k+m)$: 45.7%

(o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only.

REPORTING FORM FOR THE CALCULATION OF BENCHMARK
RATIO SINCE INCEPTION FOR INDIVIDUAL POLICIES
FOR CALENDAR YEAR 2007

TYPE: Individual SMSBP (p): Plan F
FOR THE STATE OF: Arkansas
Company Name: Combined Insurance Company of America
NAIC Group Code: 317 NAIC Company Code: 62146
Address: 1000 Milwaukee Avenue, Glenview, Illinois 60025
Person Completing This Exhibit: John Rogers
Title: Actuarial Analyst Telephone Number: (847) 953-8061

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(o)
	Earned			Cumulative				Cumulative		Policy Year
Year	Premium	Factor	(b) x (c)	Loss Ratio	(d) x (e)	Factor	(b) x (g)	Loss Ratio	(h) x (i)	Loss Ratio
1	(222)	2.770	(616)	0.442	(272)	0.000	0	0.000	0	0.40
2	(111)	4.175	(462)	0.493	(228)	0.000	0	0.000	0	0.55
3	2,323	4.175	9,699	0.493	4,782	1.194	2,774	0.659	1,828	0.65
4	774	4.175	3,233	0.493	1,594	2.245	1,739	0.669	1,163	0.67
5	0	4.175	0	0.493	0	3.170	0	0.678	0	0.69
6	4,089	4.175	17,073	0.493	8,417	3.998	16,350	0.686	11,216	0.71
7	3,216	4.175	13,428	0.493	6,620	4.754	15,290	0.695	10,626	0.73
8	30,691	4.175	128,133	0.493	63,170	5.445	167,110	0.702	117,311	0.75
9	(253)	4.175	(1,057)	0.493	(521)	6.075	(1,538)	0.708	(1,089)	0.76
10	4,808	4.175	20,072	0.493	9,896	6.650	31,971	0.713	22,796	0.76
11	1,621	4.175	6,768	0.493	3,337	7.176	11,633	0.717	8,341	0.76
12	6,090	4.175	25,425	0.493	12,535	7.655	46,618	0.720	33,565	0.77
13	3,422	4.175	14,286	0.493	7,043	8.093	27,693	0.723	20,022	0.77
14	3,886	4.175	16,225	0.493	7,999	8.493	33,005	0.725	23,929	0.77
15	6,372	4.175	26,602	0.493	13,115	8.684	55,331	0.725	40,115	0.77
Total	66,706		(k): 278,810		(l): 137,485		(m): 407,975		(n): 289,822	

Benchmark Ratio Since Inception: $(l+n)/(k+m)$: 62.2%

(a): Year 1 is the current calendar year - 1
Year 2 is the current calendar year - 2 (etc.)
(Example: If the current year is 1991, then:
Year 1 is 1990; Year 2 is 1989, etc.)

(o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only.

TYPE: Individual SMSBP (p): Pre-Standardized
 OR THE STATE OF: Arkansas
 Company Name: Combined Insurance Company of America
 NAIC Group Code: 317 NAIC Company Code: 62146
 Address: 1000 Milwaukee Avenue, Glenview, Illinois 60025
 Person Completing This Exhibit: John Rogers
 Title: Actuarial Analyst Telephone Number: (847) 953-8061

Benchmark Ratio Since Inception: $(l+n)/(k+m)$: 63.5%

(o): These loss ratios are not explicitly used in computing the benchmark loss ratios. They are the loss ratios, on a policy year basis, which result in the cumulative loss ratios displayed on this worksheet. They are shown here for informational purposes only.

MEDICARE SUPPLEMENT REFUND CALCULATION FORM FOR CALENDAR YEAR 2007

TYPE (1)	Individual	SMSBP(2)	Plan A
For the State of	ARKANSAS	Company Name	Combined Insurance Company
NAIC Group Code	317		of America
Address	1000 Milwaukee Ave, Glenview, IL 60025	NAIC Company Code	62146
Title	Actuarial Analyst	Person Completing Exhibit	John Rogers
		Telephone Number	(847) 953-8061

<u>line</u>	(a) Earned Premium (3)	(b) Incurred Claims (4)
1. Current Year's Experience		
a. Total (all policy years)	11,035	2,433
b. Current year's issues (5)	0	0
c. Net (for reporting purposes = 1a - 1b)	11,035	2,433
2. Past Year's Experience (All Policy Years)	133,842	42,758
3. Total Experience (1c + 2)	144,877	45,191
4. Refunds Last Year (Excluding Interest)	0	
5. Previous Since Inception (Excluding Interest)	0	
6. Refunds Since Inception (Excluding Interest)	0	
7. Benchmark Ratio Since Inception (See Worksheet for Ratio 1)	59.8%	
8. Experienced Ratio Since Inception (Ratio 2) (Line 3, Col. b)/(Line 3, Col. a - Line 6)	31.2%	
9. Life Years Exposed Since Inception If (Line 8 < Line 7) AND (Line 9 > 500), proceed, else stop.	154	
10. Tolerance Permitted (obtained from credibility table)	Not Credible	
11. Adjustment to Incurred Claims for Credibility Ratio 3 = Ratio 2 + Tolerance	Not Credible	If Line 11 > Line 7, a refund/credit is not required.
12. Adjusted Incurred Claims (Line 3, Col. a - Line 6)x Line 11	\$0	
13. Refund = (Line 3, Col. a - Line 6 - (Line 12/Line 7)	\$0	

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

Medicare Supplement Credibility Table	
Life Yrs. Exposed Since Inception	Tolerance
10,000+	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
If less than 500, no credibility.	

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.



Signature

John Rogers

Name

Actuarial Analyst

Title

5/23/2008

Date

- (1) Individual, Group, Individual Medicare Select, or Group Medicare Select Only
- (2) "SMSBP" = Standardized Medicare Supplement Benefit Plan.
- (3) Includes Modal Loadings and Fees Charged.
- (4) Excludes Active Life Reserves.
- (5) This is to be used as "Issue Year Earned Premium" for Year 1 of next year's "Worksheet for Calculation of Benchmark Ratios".

MEDICARE SUPPLEMENT REFUND CALCULATION FORM FOR CALENDAR YEAR 2007

TYPE (1)	Individual	SMSBP(2)	Plan B
For the State of	ARKANSAS	Company Name	Combined Insurance Company
NAIC Group Code	317		of America
Address	1000 Milwaukee Ave, Glenview, IL 60025	NAIC Company Code	62146
Title	Actuarial Analyst	Person Completing Exhibit	John Rogers
		Telephone Number	(847) 953-8061

<u>line</u>	(a) Earned Premium (3)	(b) Incurred Claims (4)
1. Current Year's Experience		
a. Total (all policy years)	0	0
b. Current year's issues (5)	0	0
c. Net (for reporting purposes = 1a - 1b)	0	0
2. Past Year's Experience (All Policy Years)	3,639	317
3. Total Experience (1c + 2)	3,639	317
4. Refunds Last Year (Excluding Interest)	0	
5. Previous Since Inception (Excluding Interest)	0	
6. Refunds Since Inception (Excluding Interest)	0	
7. Benchmark Ratio Since Inception (See Worksheet for Ratio 1)	53.0%	
8. Experienced Ratio Since Inception (Ratio 2) (Line 3, Col. b)/(Line 3, Col. a - Line 6)	8.7%	
9. Life Years Exposed Since Inception If (Line 8 < Line 7) AND (Line 9 > 500), proceed, else stop.	2	
10. Tolerance Permitted (obtained from credibility table)	Not Credible	
11. Adjustment to Incurred Claims for Credibility Ratio 3 = Ratio 2 + Tolerance	Not Credible	If Line 11 > Line 7, a refund/credit is not required.
12. Adjusted Incurred Claims (Line 3, Col. a - Line 6)x Line 11	\$0	
13. Refund = (Line 3, Col. a - Line 6 - (Line 12/Line 7)	\$0	

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

Medicare Supplement Credibility Table	
Life Yrs. Exposed Since Inception	Tolerance
10,000+	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
If less than 500, no credibility.	

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.



 Signature

John Rogers

 Name

Actuarial Analyst

 Title

5/23/2008

 Date

- (1) Individual, Group, Individual Medicare Select, or Group Medicare Select Only
- (2) "SMSBP" = Standardized Medicare Supplement Benefit Plan.
- (3) Includes Modal Loadings and Fees Charged.
- (4) Excludes Active Life Reserves.
- (5) This is to be used as "Issue Year Earned Premium" for Year 1 of next year's "Worksheet for Calculation of Benchmark Ratios".

MEDICARE SUPPLEMENT REFUND CALCULATION FORM FOR CALENDAR YEAR 2007

TYPE (1)	Individual	SMSBP(2)	Plan C
For the State of	ARKANSAS	Company Name	Combined Insurance Company
NAIC Group Code	317		of America
Address	1000 Milwaukee Ave, Glenview, IL 60025	NAIC Company Code	62146
Title	Actuarial Analyst	Person Completing Exhibit	John Rogers
		Telephone Number	(847) 953-8061

<u>line</u>	<u>(a)</u> Earned Premium (3)	<u>(b)</u> Incurred Claims (4)
1. Current Year's Experience		
a. Total (all policy years)	507,867	372,375
b. Current year's issues (5)	0	0
c. Net (for reporting purposes = 1a - 1b)	507,867	372,375
2. Past Year's Experience (All Policy Years)	7,527,413	4,670,162
3. Total Experience (1c + 2)	8,035,280	5,042,537
4. Refunds Last Year (Excluding Interest)	0	
5. Previous Since Inception (Excluding Interest)	0	
6. Refunds Since Inception (Excluding Interest)	0	
7. Benchmark Ratio Since Inception (See Worksheet for Ratio 1)	61.8%	
8. Experienced Ratio Since Inception (Ratio 2) (Line 3, Col. b)/(Line 3, Col. a - Line 6)	62.8%	
9. Life Years Exposed Since Inception If (Line 8 < Line 7) AND (Line 9 > 500), proceed, else stop.	5,337	
10. Tolerance Permitted (obtained from credibility table)	5.0%	
11. Adjustment to Incurred Claims for Credibility Ratio 3 = Ratio 2 + Tolerance	67.8%	If Line 11 > Line 7, a refund/credit is not required.
12. Adjusted Incurred Claims (Line 3, Col. a - Line 6)x Line 11	No Refund Required	
13. Refund = (Line 3, Col. a - Line 6 - (Line 12/Line 7)	\$0	

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

Medicare Supplement Credibility Table	
Life Yrs. Exposed Since Inception	Tolerance
10,000+	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
If less than 500, no credibility.	

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.



Signature

John Rogers

Name

Actuarial Analyst

Title

5/23/2008

Date

- (1) Individual, Group, Individual Medicare Select, or Group Medicare Select Only
- (2) "SMSBP" = Standardized Medicare Supplement Benefit Plan.
- (3) Includes Modal Loadings and Fees Charged.
- (4) Excludes Active Life Reserves.
- (5) This is to be used as "Issue Year Earned Premium" for Year 1 of next year's "Worksheet for Calculation of Benchmark Ratios".

MEDICARE SUPPLEMENT REFUND CALCULATION FORM FOR CALENDAR YEAR 2007

TYPE (1)	Individual	SMSBP(2)	Plan D
For the State of	ARKANSAS	Company Name	Combined Insurance Company
NAIC Group Code	317		of America
Address	1000 Milwaukee Ave, Glenview, IL 60025	NAIC Company Code	62146
Title	Actuarial Analyst	Person Completing Exhibit	John Rogers
		Telephone Number	(847) 953-8061

<u>line</u>	(a) Earned Premium (3)	(b) Incurred Claims (4)
1. Current Year's Experience		
a. Total (all policy years)	170,007	90,074
b. Current year's issues (5)	27,182	14,451
c. Net (for reporting purposes = 1a - 1b)	142,825	75,623
2. Past Year's Experience (All Policy Years)	148,373	54,417
3. Total Experience (1c + 2)	291,198	130,040
4. Refunds Last Year (Excluding Interest)	0	
5. Previous Since Inception (Excluding Interest)	0	
6. Refunds Since Inception (Excluding Interest)	0	
7. Benchmark Ratio Since Inception (See Worksheet for Ratio 1)	45.7%	
8. Experienced Ratio Since Inception (Ratio 2) (Line 3, Col. b)/(Line 3, Col. a - Line 6)	44.7%	
9. Life Years Exposed Since Inception If (Line 8 < Line 7) AND (Line 9 > 500), proceed, else stop.	186	
10. Tolerance Permitted (obtained from credibility table)	Not Credible	
11. Adjustment to Incurred Claims for Credibility Ratio 3 = Ratio 2 + Tolerance	Not Credible	If Line 11 > Line 7, a refund/credit is not required.
12. Adjusted Incurred Claims (Line 3, Col. a - Line 6)x Line 11	\$0	
13. Refund = (Line 3, Col. a - Line 6 - (Line 12/Line 7)	\$0	

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

Medicare Supplement Credibility Table	
Life Yrs. Exposed Since Inception	Tolerance
10,000+	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
If less than 500, no credibility.	

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.



Signature

John Rogers

Name

Actuarial Analyst

Title

5/23/2008

Date

- (1) Individual, Group, Individual Medicare Select, or Group Medicare Select Only
- (2) "SMSBP" = Standardized Medicare Supplement Benefit Plan.
- (3) Includes Modal Loadings and Fees Charged.
- (4) Excludes Active Life Reserves.
- (5) This is to be used as "Issue Year Earned Premium" for Year 1 of next year's "Worksheet for Calculation of Benchmark Ratios".

MEDICARE SUPPLEMENT REFUND CALCULATION FORM FOR CALENDAR YEAR 2007

TYPE (1)	Individual	SMSBP(2)	Plan F
For the State of	ARKANSAS	Company Name	Combined Insurance Company
NAIC Group Code	317		of America
Address	1000 Milwaukee Ave, Glenview, IL 60025	NAIC Company Code	62146
Title	Actuarial Analyst	Person Completing Exhibit	John Rogers
		Telephone Number	(847) 953-8061

<u>line</u>	(a) Earned Premium (3)	(b) Incurred Claims (4)
1. Current Year's Experience		
a. Total (all policy years)	68,055	61,638
b. Current year's issues (5)	2,581	218
c. Net (for reporting purposes = 1a - 1b)	65,474	61,420
2. Past Year's Experience (All Policy Years)	993,890	636,229
3. Total Experience (1c + 2)	1,059,364	697,649
4. Refunds Last Year (Excluding Interest)	0	
5. Previous Since Inception (Excluding Interest)	0	
6. Refunds Since Inception (Excluding Interest)	0	
7. Benchmark Ratio Since Inception (See Worksheet for Ratio 1)	62.2%	
8. Experienced Ratio Since Inception (Ratio 2) (Line 3, Col. b)/(Line 3, Col. a - Line 6)	65.9%	
9. Life Years Exposed Since Inception If (Line 8 < Line 7) AND (Line 9 > 500), proceed, else stop.	563	
10. Tolerance Permitted (obtained from credibility table)	15.0%	
11. Adjustment to Incurred Claims for Credibility Ratio 3 = Ratio 2 + Tolerance	80.9%	If Line 11 > Line 7, a refund/credit is not required.
12. Adjusted Incurred Claims (Line 3, Col. a - Line 6)x Line 11	No Refund Required	
13. Refund = (Line 3, Col. a - Line 6 - (Line 12/Line 7)	\$0	

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

Medicare Supplement Credibility Table	
Life Yrs. Exposed Since Inception	Tolerance
10,000+	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
If less than 500, no credibility.	

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.



Signature

John Rogers

Name

Actuarial Analyst

Title

5/23/2008

Date

- (1) Individual, Group, Individual Medicare Select, or Group Medicare Select Only
- (2) "SMSBP" = Standardized Medicare Supplement Benefit Plan.
- (3) Includes Modal Loadings and Fees Charged.
- (4) Excludes Active Life Reserves.
- (5) This is to be used as "Issue Year Earned Premium" for Year 1 of next year's "Worksheet for Calculation of Benchmark Ratios".

MEDICARE SUPPLEMENT REFUND CALCULATION FORM FOR CALENDAR YEAR 2007

TYPE (1)	Individual	SMSBP(2)	Pre-Standardized
For the State of	ARKANSAS	Company Name	Combined Insurance Company
NAIC Group Code	317		of America
Address	1000 Milwaukee Ave, Glenview, IL 60025	NAIC Company Code	62146
Title	Actuarial Analyst	Person Completing Exhibit	John Rogers
		Telephone Number	(847) 953-8061

<u>line</u>	(a) Earned Premium (3)	(b) Incurred Claims (4)
1. Current Year's Experience		
a. Total (all policy years)	57,875	20,498
b. Current year's issues (5)	0	0
c. Net (for reporting purposes = 1a - 1b)	57,875	20,498
2. Past Year's Experience (All Policy Years)	1,126,804	689,748
3. Total Experience (1c + 2)	1,184,679	710,246
4. Refunds Last Year (Excluding Interest)	0	
5. Previous Since Inception (Excluding Interest)	0	
6. Refunds Since Inception (Excluding Interest)	0	
7. Benchmark Ratio Since Inception (See Worksheet for Ratio 1)	63.5%	
8. Experienced Ratio Since Inception (Ratio 2) (Line 3, Col. b)/(Line 3, Col. a - Line 6)	60.0%	
9. Life Years Exposed Since Inception If (Line 8 < Line 7) AND (Line 9 > 500), proceed, else stop.	651	
10. Tolerance Permitted (obtained from credibility table)	15.0%	
11. Adjustment to Incurred Claims for Credibility Ratio 3 = Ratio 2 + Tolerance	75.0%	If Line 11 > Line 7, a refund/credit is not required.
12. Adjusted Incurred Claims (Line 3, Col. a - Line 6)x Line 11	No Refund Required	
13. Refund = (Line 3, Col. a - Line 6 - (Line 12/Line 7)	\$0	

If the amount on line 13 is less than .005 times the annualized premium in force as of December 31 of the reporting year, then no refund is made. Otherwise the amount on line 13 is to be refunded or credited, and a description of the refund and/or credit against premiums to be used must be attached to this form.

Medicare Supplement Credibility Table	
Life Yrs. Exposed Since Inception	Tolerance
10,000+	0.0%
5,000 - 9,999	5.0%
2,500 - 4,999	7.5%
1,000 - 2,499	10.0%
500 - 999	15.0%
If less than 500, no credibility.	

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.



Signature

John Rogers

Name

Actuarial Analyst

Title

5/23/2008

Date

- (1) Individual, Group, Individual Medicare Select, or Group Medicare Select Only
- (2) "SMSBP" = Standardized Medicare Supplement Benefit Plan.
- (3) Includes Modal Loadings and Fees Charged.
- (4) Excludes Active Life Reserves.
- (5) This is to be used as "Issue Year Earned Premium" for Year 1 of next year's "Worksheet for Calculation of Benchmark Ratios".